

Application for Facilities Use & License Agreement for KST

**Kalamazoo State Theatre**  
**404 S. Burdick St | Kalamazoo, MI 49006**  
**Ph: (269) 345 – 6500 Direct: (269) 216 – 5555**

**Please return to: Shannon Devries via mail or email [Shannon@kazoostate.com](mailto:Shannon@kazoostate.com)**

APPLICATION FOR FACILITIES USE & LICENSE AGREEMENT FOR USE OF KALAMAZOO STATE THEATRE (KST) by potential users who have not established their financial and experience rating in the promotion of popular entertainment, private and public events including, but not limited to hip hop, rock, jazz, soul, folk-rock, country, theatrical, spectaculars, conventions or various combination thereof.

This document is AN APPLICATION ONLY AND DOES NOT BIND EITHER PARTY. KALAMAZOO STATE THEATRE and the applicant agree that event announcements and/or advertising are strictly prohibited until a formal contractual agreement has been executed by both parties.

ORGANIZATION: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( \_\_\_\_ ) \_\_\_\_\_ FAX: \_\_\_\_\_

Applicant (Check One): Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

In what County and State is Applicant registered or incorporated?: \_\_\_\_\_

NAMES & TITLES OF OFFICERS OR PARTNERS: \_\_\_\_\_

INSURANCE: Please confirm you are able to provide the following insurance for the event at your own cost.

Confirmation \_\_\_\_\_ (Initials)

Licensee shall provide and maintain, at Licensee's sole cost and expense: (i) General liability insurance covering accidents or occurrences in, upon, or about the License Space and the adjoining ways, in an amount at least equal to Two Million Dollars (\$2,000,000.00) per occurrence, combined single limit, with respect to injury or death and property damage; (ii) Business automobile liability Insurance for owned, non-owned, or hired automobiles with a combined single-limit no less than One Million Dollars (\$1,000,000.00) per occurrence; (iii) Worker's compensation and employer's liability insurance in a form and amount required by Michigan law; and (iv) Such other Insurance in such amount which from time to time may be reasonably required by Licensor. Licensee shall name Licensor, Kalamazoo State Theatre Limited Partnership and The Hinman Company as an additional insured party on its insurance policy and shall provide Licensor with a copy of the Licensee's insurance policy prior to occupying the License Space. Licensee further agrees to defend, release, indemnify and hold harmless the Licensor, its affiliate, employees and agents against any claims, cause of action, liability, or damages, including reasonable attorneys' fees, for (a) bodily injury or death to any person, and (b) damage to property of any person, including, but not limited to that of the Licensor, its agents or employees, resulting (whether directly or indirectly) from Licensee's use of the License Space.

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EVENT INFORMATION:

Type of Event:            Concert            Family Show            Privat/Special Event  
                                 Comedy            Wedding            Other: \_\_\_\_\_

Title of Event and/or Titles of Proposed Acts: \_\_\_\_\_

Headline Act: (Names, Address, Telephone & Contact) \_\_\_\_\_

Support Act: (Names, Address, Telephone & Contact) \_\_\_\_\_

Ticket Price Range: \_\_\_\_\_

Length of Event: \_\_\_\_\_

Additional information requested:

- 1) A fact sheet including, but not limited to:
  - a. References
  - b. Names and locations of similar sized facilities in which you have performed or presented this or other events.
  - c. Other information which you consider pertinent to this application.

Rental day(s) requested: \_\_\_\_\_

Kalamazoo State Theatre will require a \$4,000 cash deposit against damage to building, or its contents and to guarantee payment of event related services, e.g. security guards, ushers, ticket takers, etc. Applicant will furnish required certificates of insurance (originals only, no copies will be accepted) before tickets go on sale.

A minimum of 10 days must be allowed for processing this application. Only after its acceptance will Kalamazoo State Theatre enter into a discussion of possible dates.

**\*\* THIS IS A CONTRACT FOR SPACE OR DATES\*\***

IT IS UNDERSTOOD THAT THIS IS AN APPLICATION ONLY AND NOT A CONTRACTUAL AGREEMENT THAT KALAMAZOO STATE THEATRE MAY OR MAY NOT GRANT THE REQUEST SET FORTH ABOVE.

In the event that the application is approved, applicant will execute the standard form of contract with and be subject to all rules and regulation of Kalamazoo State Theatre.

APPLICANT: \_\_\_\_\_  
*(Please Sign)*

NAME: \_\_\_\_\_  
*(Please Print)*

DATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_